PLEASE TYPE OR P ☐ Mr./Artist Daytime Tel. (26) Temporary or Studio Address Sce aloo City Daytime Tel. (Zip If you do not presently live in one of the counties of the Western Reserve, in which county where you born?_ Collaborator (if any) If May Show entries are not accepted or are not sold: ☐ Artist will pick up at Museum. Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. I have received the unsold/unaccepted object(s) in good condition. Signature .

ENTRY BLANKS

		/		
A Pair			otography specify category	
Materials used (m	edia):	Prombe 7	Tringhy Pap	
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B Pair			otography specify category	
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ACCEPTED	DO NOT WRITE IN THIS SECTION	ACCEPTED	RECEIVED KW	
NOT ACCEPTED		NOT ACCEPTED	DATE	